

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1025 CONNECTICUT AVENUE, N.W.

SUITE 1104

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00325936

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2010

through

01

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dr. Sidney Levitsky

Signature of Treasurer

Electronically Filed by Dr. Sidney Levitsky

Date

02

10

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 1 0

To:

M M  
0 1D D  
3 1Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		103352.22
(b) Cash on Hand at Beginning of Reporting Period .....	103352.22	
(c) Total Receipts (from Line 19) .....	55820.00	55820.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	159172.22	159172.22
7. Total Disbursements (from Line 31) .....	10653.42	10653.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	148518.80	148518.80
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	54650.00	54650.00
(ii) Unitemized .....	1170.00	1170.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	55820.00	55820.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	55820.00	55820.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	55820.00	55820.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	55820.00	55820.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1153.42	1153.42	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1153.42	1153.42	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	9500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10653.42	10653.42	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10653.42	10653.42	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	55820.00	55820.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	55820.00	55820.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1153.42	1153.42
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1153.42	1153.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 34

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Kevin D. Accola

Mailing Address 217 Hillcrest Street

City

Orlando

State

FL

Zip Code

32801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CV Surgeons

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9616

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark S. Allen

Mailing Address 2380 Hardwood Court, Southwest

City

Rochester

State

MN

Zip Code

55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo Foundation

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.9599

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard C. Anderson

Mailing Address 26 Waldheim Road

City

Morton

State

IL

Zip Code

61550

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Illinois

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9617

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas M. Beaver

Mailing Address 9605 Southwest 33rd Lane

City

Gainesville

State

FL

Zip Code

32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Florida

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9618

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. B. Eugene Berry

Mailing Address 2717 East Lakeshore Drive

City

Baton Rouge

State

LA

Zip Code

70808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CVT Surgical Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.9593

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Shanda H. Blackmon

Mailing Address 3741 Robinhood Street

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Methodist Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.9611

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mary J. Boylan

Mailing Address 1201 Denney Drive

City

Duluth

State

MN

Zip Code

55805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Luke's CTS Associates

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.9594

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John H. Calhoon

Mailing Address 7703 Floyd Curl Drive

City

San Antonio

State

TX

Zip Code

78229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UT Health Science Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9620

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Andrea J. Carpenter

Mailing Address 29030 Cloud Croft Lane

City

San Antonio

State

TX

Zip Code

78015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UT Health Science Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9621

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 9 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert J. Cerfolio

Mailing Address 703 19th Street

City

Birmingham

State

AL

Zip Code

35294

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Alabama

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9622

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joseph C. Cleveland

Mailing Address 9176 East Wesley Avenue

City

Denver

State

CO

Zip Code

80231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Colorado

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9623

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John V. Conte

Mailing Address 2903 Mount Snow Court

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Johns Hopkins University

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9624

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. L. Scott Cook

Mailing Address 2314 County Road

City

Sidney

State

IL

Zip Code

61877

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carle Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.9595

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. J. Michael Duncan

Mailing Address 3038 Bonnebridge Way Boulevard

City

Houston

State

TX

Zip Code

77082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Texas Heart Institute

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.9596

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. L. Henry Edmunds

Mailing Address 130 North Roberts Road

City

Bryn Mawr

State

PA

Zip Code

19010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Pennsylvania

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9627

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Melanie Edwards

Mailing Address 330 Julia Street

City

New Orleans

State

LA

Zip Code

70130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Louisiana State UniversityOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9625

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard H. Feins

Mailing Address 10424 Stone

City

Chapel Hill

State

NC

Zip Code

27517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of North Carol-  
inaOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9628

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. T. Bruce Ferguson, Jr.

Mailing Address 8833 Marnier Drive

City

Raleigh

State

NC

Zip Code

27615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Carolina UniversityOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9597

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Richard K. Freeman

Mailing Address 11685 Bradford Place

City

Carmel

State

IN

Zip Code

40633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Corvasc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9629

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David A. Fullerton

Mailing Address 375 Lafayette Street

City

Denver

State

CO

Zip Code

80218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Colorado

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9676

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Anthony P. Furnary

Mailing Address 7266 Southwest Eton Court

City

Portland

State

OR

Zip Code

97225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Starr-Wood Cardiac Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9630

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Brent A. Grishkin

Mailing Address 8918 Hemingway Grove Circle

City State Zip Code  
Knoxville TN 37922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parkwest Heart & Lung Sur-  
geons

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9677

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Frederick L. Grover

Mailing Address 3000 East Cedar Avenue

City State Zip Code  
Denver CO 80209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Colorado

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.9614

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert A. Guyton

Mailing Address 3286 Northside Parkway

City State Zip Code  
Atlanta GA 30327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emory University

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.9606

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. John W. Hammon

Mailing Address 1001 Dalton Road

City

Lewisville

State

NC

Zip Code

27023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Forest University

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9631

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John L. Harlan

Mailing Address 48 Medical Park East Drive

City

Birmingham

State

AL

Zip Code

35235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT Surgeons

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9678

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. George L. Hicks

Mailing Address 601 Elmwood Hill Lane

City

Rochester

State

NY

Zip Code

14642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Rochester

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9632

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert S.D. Higgins

Mailing Address 1030 Pontiac Road

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rush University Medical  
Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9633

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gary Hochheiser

Mailing Address 16 McIntosh Drive

City

Wilbraham

State

MA

Zip Code

01095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baystate Thoracic Surgery

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9679

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Anthony A. Holden

Mailing Address 3560 Autumn Wood Lane

City

Okemos

State

MI

Zip Code

48864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9635

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

980.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Keith A. Horvath

Mailing Address 4622 Charleston Terrace, NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suburban Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.9615

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John A. Howington

Mailing Address 579 Hill Terrace

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northshore University Med-  
ical

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9636

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. R. Kent Jex

Mailing Address 7440 South 9st Street

City

Lincoln

State

NE

Zip Code

68526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nebraska Heart Institute

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9637

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3865.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas K. Kalmbach

Mailing Address 2301 Manchester Drive

City

Valparaiso

State

IN

Zip Code

46385

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Porter Cardiovascular

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9681

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kirk R. Kanter

Mailing Address 1405 Clifton Road

City

Atlanta

State

GA

Zip Code

30322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emory University

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.9607

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John J. Kelemen

Mailing Address 2935 East Flint National Parkway

City

Andover

State

KS

Zip Code

67002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Selina Regional Health Ce-  
nter

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9682

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey B. Kramer

Mailing Address 5750 Ward Parkway

City

Kansas City

State

KS

Zip Code

64113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Kansas Hosp-  
italOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	0

Transaction ID: SA11AI.9640

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephen J. Lahey

Mailing Address 400 East 52nd Street

City

New York

State

NY

Zip Code

10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maimonides Medical CenterOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	0

Transaction ID: SA11AI.9641

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Raj B. Lal

Mailing Address 2809 Meyers Road

City

Oakbrook

State

IL

Zip Code

60523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.9683

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert B. Lee

Mailing Address 136 Devereaux Drive

City

Madison

State

MS

Zip Code

39110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.9684

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mitchell D. Lirtzman

Mailing Address 121 Oakforest Drive

City

Lafayette

State

LA

Zip Code

70501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CV Institute of the SouthOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.9686

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas E. MacGillivray

Mailing Address 112 Mount Vernon Street

City

Boston

State

MA

Zip Code

02108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts General Hos-  
pitalOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	0

Transaction ID: SA11AI.9608

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

1365.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Curtis C. Marder

Mailing Address 1279 Lakeshore Park Place

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CV Associates

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9642

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. M. Blair Marshall

Mailing Address 5914 Chesterbrook Road

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgetown University Hos-  
pital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9687

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Douglas J. Mathisen

Mailing Address 60 Pine Street

City

Dover

State

MA

Zip Code

02030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts General Hos-  
pital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9688

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. John E. Mayer, Jr.

Mailing Address 44 Skyline Drive

City

Wellesley

State

MA

Zip Code

02482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHMC Cardiovascular Found-  
ation

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9598

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Frederick A. Meadors

Mailing Address 3 Sunset Drive

City

Little Rock

State

AR

Zip Code

72207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CV Surgeons, P.A.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9645

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Walter H. Merrill

Mailing Address 22 Waterford Place

City

Jackson

State

MS

Zip Code

39211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Mississippi

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9689

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Daniel L. Miller

Mailing Address 551 Gramercy Drive, Northeast

City State Zip Code  
 Marietta GA 30060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Emory University Healthca-  
re

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9690

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sina L. Moainie

Mailing Address 8433 Harcourt Road

City State Zip Code  
 Indianapolis IN 46260

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Corvasc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9646

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Keith S. Naunheim

Mailing Address 52 Middlesex Drive

City State Zip Code  
 St. Louis MO 63144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Louis University

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9649

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Francis C. Nichols

Mailing Address 1034 Weatherhill Lane, SW

City

Rochester

State

MN

Zip Code

55902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo ClinicOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	0

Transaction ID: SA11AI.9650

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark B. Orringer

Mailing Address 1389 Towsley Lane

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of MichiganOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	1	0

Transaction ID: SA11AI.9691

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. G. Alexander Patterson

Mailing Address 18 Southmoor Drive

City

Clayton

State

MO

Zip Code

63105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington UniversityOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	1	0

Transaction ID: SA11AI.9651

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1865.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christian Pizarro

Mailing Address 24 Bullock Road

City

Chadds Ford

State

PA

Zip Code

19317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alfred I. duPont Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.9591

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Maurice Pockey

Mailing Address 8212 Turtle Creek Circle

City

Las Vegas

State

NV

Zip Code

89113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CV Surgery Associates

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9692

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joe B. Putnam, Jr.

Mailing Address 515 Westview Avenue

City

Nashville

State

TN

Zip Code

37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vanderbilt University

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9652

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Aidan A. Raney

Mailing Address 447 Old Newport Boulevard

City

Newport Beach

State

CA

Zip Code

92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9653

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. V. Sreenath Reddy

Mailing Address 26 Three Lakes Drive

City

San Antonio

State

TX

Zip Code

78248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UT Health Science Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9654

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Carolyn E. Reed

Mailing Address 39 Broughton Road

City

Charleston

State

SC

Zip Code

29407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical University of SC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9694

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. David C. Rice

Mailing Address 3206 Drummond Street

City State Zip Code  
Houston TX 77025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of Texas

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9695

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey B. Rich

Mailing Address 1325 North Bay Shore Drive

City State Zip Code  
Virginia Beach VA 23451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mid-Atlantic CT Surgeons

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9697

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Edward Y. Sako

Mailing Address 8760 Comanche Gap

City State Zip Code  
San Antonio TX 78255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University of Texas

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.9588

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Christopher T. Salerno

Mailing Address 8433 Harcourt Road

City

Indianapolis

State

IN

Zip Code

46260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CorVasc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9655

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Scharff

Mailing Address 6821 Pershing Avenue

City

St. Louis

State

MO

Zip Code

63130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Luke's Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9698

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John J. Schier

Mailing Address 12772 Devon Lane

City

Carmel

State

IN

Zip Code

46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Corvasc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9656

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas A. Schwann

Mailing Address 4627 Brookside Road

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Toledo

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9700

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard J. Shemin

Mailing Address 321 El Camino Drive

City

Beverly Hills

State

CA

Zip Code

90212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UCLA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9657

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Peter K. Smith

Mailing Address 201 Ukiah Lane

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duke University

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9658

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alan J. Spotnitz

Mailing Address 125 Paterson Street

City

New Brunswick

State

NJ

Zip Code

08901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RWJ Medical SchoolOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	0

Transaction ID: SA11AI.9659

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lars G. Svensson

Mailing Address 7793 Brigham Road

City

Gates Mill

State

OH

Zip Code

44040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cleveland Clinic Foundati-  
onOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	0

Transaction ID: SA11AI.9660

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Edward D. Verrier

Mailing Address 24120 Willowick Lane

City

Woodway

State

WA

Zip Code

98120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of WashingtonOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	0

Transaction ID: SA11AI.9701

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1115.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. S. Russell Vester

Mailing Address 6525 Given Road

City

Cincinnati

State

OH

Zip Code

45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CVTS, Inc.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9661

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Peter A. Walts

Mailing Address 8433 Harcourt Road

City

Indianapolis

State

IN

Zip Code

46260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Corvasc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.9663

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Douglas E. Wood

Mailing Address 1944 15th Avenue East

City

Seattle

State

WA

Zip Code

98112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Washington

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.9704

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert A. Wynbrandt

Mailing Address 921 Dryden Lane

City

Highland Park

State

IL

Zip Code

60035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Society of Thoracic Surge-  
ons

Occupation

Executive Director

Receipt For:

☐
☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	0

Transaction ID: SA11AI.9705

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

54650.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> SB21B.9667 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	5		2	0	1	0												
City Phoenix State AZ Zip Code 85072	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">457.44</td> </tr> </table>	457.44																			
457.44																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> SB21B.9706 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	0												
City Phoenix State AZ Zip Code 85072	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">385.13</td> </tr> </table>	385.13																			
385.13																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> SB21B.9707 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	0												
City Phoenix State AZ Zip Code 85072	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Fees Candidate Name	<table border="1"> <tr> <td colspan="10">4.95</td> </tr> </table>	4.95																			
4.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

847.52

**TOTAL** This Period (last page this line number only) .....

847.52



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.9670

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL BURGESS FOR CONGRESS

Mailing Address P.O. BOX 2334

City  
DENTONState  
TXZip Code  
76202Purpose of Disbursement  
CONTRIBUTION

Candidate Name

MICHAEL C. BURGESS

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: SB23.9589

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD BURR COMMITTEE

Mailing Address P.O. BOX 5928

City  
WINSTON-SALEMState  
NCZip Code  
27113Purpose of Disbursement  
CONTRIBUTION

Candidate Name

RICHARD BURR

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 00

Transaction ID: SB23.9592

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	1	0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 5458

City  
SPRINGFIELD

State  
IL

Zip Code  
62705

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JOHN M. SHIMKUS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: SB23.9669

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....